2018
MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 210.10
CPT CODE(S): 87590, 87591, 87850, 87800

PREVENTIVE SERVICES:
SCREENING FOR SEXUALLY TRANSMITTED INFECTIONS (STIs) AND HIGH INTENSITY BEHAVIORAL COUNSELING (HIBC) TO PREVENT STIs: GONORRHEA

DLS TEST CODES AND NAMES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>43281</td>
<td>CHLAMYDIA AND GC, PCR</td>
<td>87591</td>
</tr>
<tr>
<td>43370</td>
<td>NEISSERIA GONORRHOEAE, PCR</td>
<td>87591</td>
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<tr>
<td>1830</td>
<td>CHLAMYDIA/GC, PCR</td>
<td>87591</td>
</tr>
<tr>
<td>4790</td>
<td>GC, PCR</td>
<td>87591</td>
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</tbody>
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POLICY:

Who Is Covered
Certain Medicare beneficiaries when all of the following are true:
• Sexually active adolescents and adults at increased risk for STIs
• Referred for this service by a primary care provider and provided by a Medicare-eligible primary care provider in a primary care setting

Frequency
• One annual occurrence of screening for chlamydia, gonorrhea, and syphilis in women at increased risk who are not pregnant
• One annual occurrence of screening for syphilis in men at increased risk
• Up to two occurrences per pregnancy of screening for chlamydia and gonorrhea in pregnant women who are at increased risk for STIs and continued increased risk for the second screening
• One occurrence per pregnancy of screening for syphilis in pregnant women:
  □ Up to two additional occurrences in the third trimester and at delivery if at continued increased risk for STIs
• One occurrence per pregnancy of screening for hepatitis B in pregnant women:
  □ One additional occurrence at delivery if at continued increased risk for STIs

Note: 11 full months must elapse following the month in which the previous test was performed in order for the subsequent test to be covered.

INDICATIONS / FREQUENCY

One (1) annual screening for gonorrhea in women at increased risk who are not pregnant.

11 full months must elapse following the month in which the previous test was performed in order for the subsequent test to be covered.

ICD-10 CODE DESCRIPTION

<table>
<thead>
<tr>
<th>Code</th>
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<tr>
<td>Z11.3</td>
<td>Encounter for screening for infections with a predominantly sexual mode of transmission</td>
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</table>

AND Z11.3 MUST BE SUBMITTED WITH:
Two (2) screening tests per pregnancy for gonorrhea in pregnant women who are at increased risk for STIs.

**ICD-10 CODE** | **DESCRIPTION**
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Z11.3 | Encounter for screening for infections with a predominantly sexual mode of transmission
AND | **Z11.3 MUST BE SUBMITTED WITH:**
Z72.89 | Other problems related to lifestyle
AND | **ONE OF THE SPECIFIED SUPERVISION OF PREGNANCY DIAGNOSIS CODE:**
Z34.00 | Encounter for supervision of normal first pregnancy, unspecified trimester
Z34.01 | Encounter for supervision of normal first pregnancy, first trimester
Z34.02 | Encounter for supervision of normal first pregnancy, second trimester
Z34.03 | Encounter for supervision of normal first pregnancy, third trimester
Z34.80 | Encounter for supervision of other normal pregnancy, unspecified trimester
Z34.81 | Encounter for supervision of other normal pregnancy, first trimester
Z34.82 | Encounter for supervision of other normal pregnancy, second trimester
Z34.83 | Encounter for supervision of other normal pregnancy, third trimester
Z34.90 | Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z34.91 | Encounter for supervision of normal pregnancy, unspecified, first trimester
Z34.92 | Encounter for supervision of normal pregnancy, unspecified, second trimester
Z34.93 | Encounter for supervision of normal pregnancy, unspecified, third trimester
O09.90 | Supervision of high risk pregnancy, unspecified, unspecified trimester
O09.91 | Supervision of high risk pregnancy, unspecified, first trimester
O09.92 | Supervision of high risk pregnancy, unspecified, second trimester
O09.93 | Supervision of high risk pregnancy, unspecified, third trimester